



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2822

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/786,600 | FILING DATE<br>02/26/2004<br><br>RULE | CLASS<br>405 | GROUP ART UNIT<br>3673 | ATTORNEY<br>DOCKET NO.<br>P69477US0 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Erwin Stotzer, Aichach, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* *OK, GAS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *OK, GAS*  
 GERMANY 103 08 540.8 02/27/2003

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED  
 \*\* 05/19/2004

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY               | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>10 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | EXAMINER'S SIGNATURE<br><i>Gay Ann Spahn</i> | INITIALS<br><i>GAS</i> |                       |                            |

Verified and Acknowledged

ADDRESS  
 Jacobson Holman  
 Professional Limited Liability Company  
 400 Seventh Street, N. W.  
 Washington , DC  
 20004-2218

TITLE  
 Method and device for making a foundation member

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|